Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                      |                        |                                 |                                   |        | SMALL ENTITY TYPE   |                        | OR      | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|--------------------------------------|------------------------|---------------------------------|-----------------------------------|--------|---------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 11                                   |                        |                                 |                                   |        | RATE                | FEE                    |         | RATE                          | FEE .                  |
| FOR  |  |   | NUMBER FILED                         |                        | NUMBE                           | R EXTRA                           |        | BASIC FEE           | 370.00                 | OR      | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | / minus 20=                          |                        | * Ø                             |                                   |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
| INDEPENDENT CLAIMS   |  |   | 6 mir                                | us 3 =                 | * 6                             | 3                                 |        | X42=                | 2                      | OR      | X84=                          | 250.                   |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | REŜÉNT                               |                        |                                 |                                   |        | +140=               |                        | OR      | +280=                         | -                      |
| * If   | the difference i                               | n column 1 is                             | ess than zero, enter "0" in column 2 |                        |                                 | l                                 | TOTAL  |                     | OR                     | TOTAL   | 992                           |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |                                      |                        |                                 |                                   |        | SMALL E             | NTITY                  | OR      | OTHER<br>SMALL                |                        |
| AMENDMENT A  | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUM<br>PREVI           | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                  |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 14                                      | Minus                                | **                     | 20                              | =                                 |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|  |  | . 67                                      | Minus                                |                        | 6                               | = +                               |        | X42=                |                        | OR      | X84=                          | 84                     |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                        |                                 |                                   |        | +140=               |                        | OR      | +280=                         |                        |
|  |  |   |                                      |                        |                                 |                                   |        | TOTAL               |                        | OR      | TOTAL<br>ADDIT. FEE           | 84                     |
| (Column 1) (Column 2) (Column 3)   |  |   |                                      |                        |                                 |                                   |        | ADDIT. FEE          |                        |         | ADDI1.1 EE                    | Pd.                    |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                                      | HIG<br>NUI<br>PREV     | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA                  |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 14                                      | Minus                                | ** 2                   | 0                               | =                                 |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|  | Independent                                    | * 7<br>NTATION OF M                       | Minus                                | ***                    | \$7                             |                                   | -      | X42=                |                        | OR      | X84=                          |                        |
| -  | FIRST PRESE                                    | NTATION OF M                              | OLITPLE DEF                          | ENDEN                  | T CLAIN                         |                                   | J      | +140=               |                        | OR      | +280=                         |                        |
|  |  |   |                                      |                        |                                 |                                   |        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|  |  | (Column 1)                                |                                      |                        | umn 2)                          | (Column 3)                        | _      |                     |                        |         |                               |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NU<br>PREV             | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA                  |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                | , **                   |                                 | =                                 |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|  | Independent                                    | *   | Minus                                | ***                    |                                 | =                                 |        | X42=                |                        | OR      | X84=                          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                        |                                 |                                   |        |                     | <b></b> -              | 1       |                               |                        |
| + What was in achieve 4 is less than the entry in column 2 write "0" in column 3   |  |   |                                      |                        |                                 |                                   |        |                     |                        | OR      | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                      |                        |                                 |                                   |        |                     |                        |         |                               |                        |
| *  | talf the "Highest Nu                           | imber Previously I                        | raid For" IN I'H                     | ıs syacı<br>ır Indenei | ⊏ IS IESS (N<br>ndent) is th    | an 3, enter 3."<br>e highest numb | oer fo | ound in the ap      | oropriate bo           | x in co | olumn 1.                      |                        |